

TOWN OF GRAFTON

GRAFTON MEMORIAL MUNICIPAL CENTER
30 PROVIDENCE ROAD
GRAFTON, MASSACHUSETTS 01519
(508) 839-5335 ext 1120 • FAX (508) 839-4602
planningdept@grafton-ma.gov
www.grafton-ma.gov

MODIFICATION OF A SPECIAL PERMIT APPLICATION SUBMISSION REQUIREMENTS

Submission Requirements: Modifications of a previously approved Special Permit are based on the requirements of the Grafton Zoning By-Law.

Pre-submission Review – Applicants wishing to discuss or review their application in draft format or prior to formal submission can contact the office to discuss their options.

Submission: All application materials must be presented in a complete packet at the time of submission in order for staff to review and schedule a hearing. All applications must be submitted in person to the Planning Department during regular business hours – Monday through Friday, 8:30 a.m. – 4:30 p.m. No electronic or mail in submissions allowed.

Required Submission Materials:

- 1. Application for Modification of a Special Permit
- Certificate of Good Standing Located on the Town of Grafton website Planning Department /
 Applications & Submission Information. This must be completed and signed by the Treasurer /
 Collector's Office. Please allow for three (3) business days to process each request. Applications will not be accepted without this document.
- 3. Project Description / Narrative
- **4. Abutter Notification Materials** follow instructions
- **5. Fee** see fee schedule on the Town of Grafton website: Planning Department / Applications & Submission Information
- 6. Additional Materials as Needed / Required to support the Application.
- 7. Copies Required This can vary significantly depending on the project. Please contact the office in advance of submission and you will be instructed as to how many copies to submit.
- 8. Other Materials required by the Grafton Zoning By-Law.



TOWN OF GRAFTON

GRAFTON MEMORIAL MUNICIPAL CENTER
30 PROVIDENCE ROAD
GRAFTON, MASSACHUSETTS 01519
(508) 839-5335 ext. 1120 • FAX (508) 839-4602
planningdept@grafton-ma.gov
www.grafton-ma.gov

APPLICATION FOR MODIFICATION OF A SPECIAL PERMIT

		Application No		Modification #
APPLICANT & PRO	PERTY OWNE	R INFORMATION		
NAME				
				ITY/TOWN
STATE	ZIP	TELEPHONE		
NAME OF PROPERT	Y OWNER (if diffe	erent from Applicant)		
Deed recorded in the	Worcester District	Registry of Deeds	Book	Page
SITE INFORMATIO	ON:			
STREET AND NUMB	ER			
ZONING DISTRICT		ASSESSOR'S MAI	Р	LOT #(S)
LOT SIZE		FRONTAC	GE	
CURRENT USE				
PROJECT/PLAN INF	ORMATION:			
PLAN TITLE				
PREPARED BY (name/	'address of PE/Archite	ect)		
DATES				
Briefly state requeste	d modification:			
Cite all appropriate	sections of the Z	oning By-Law which	pertain to t	his Application, Use and Site:
TO THE GRAFTON	PLANNING BOA	ARD:		
	nd certifies that, to			s for a SPECIAL PERMIT to be granted by dge and belief, the information contained
Applicant's Signatu	re			Date:
Property Owner's S	signature (if not A	oplicant)		Date: